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CONFIRMATION NO. 6824

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|---|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/560,836  | <b>FILING OR 371(c) DATE</b><br>03/30/2006<br><b>RULE</b>   | <b>CLASS</b><br>514              | <b>GROUP ART UNIT</b><br>1617   | <b>ATTORNEY DOCKET NO.</b><br>281760US0PCT |
| <b>APPLICANTS</b><br>Angelo Guglielmotti, Roma, ITALY;<br>Lorenzo Polenzani, Grottaferrata, ITALY;<br>Alessandra Alisi, Roma, ITALY;<br>Nicola Cazzolla, Albano Laziale, ITALY;   |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/07633 07/08/2004   |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>ITALY MI2003A001467 07/18/2005  |   |                                  |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/12/2006</b>  |   |                                  |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Amatah</u> Allowance Examiner's Signature <u>il</u> Initials |   | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>5                   |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                                  |   |  |
| <b>ADDRESS</b><br>22850   |   |                                  |   |  |
| <b>TITLE</b><br>Use of 2h-[1,3]-oxazino[3,2-a] indole derivatives for the treatment of neuropathic pain   |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |